

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046298

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317  
FILED NOV 20 1963

Primary Registration District No.

547

Registrar's No.

3394

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 4005

2 0500

3

4 0

5 1

6

7 2

8 1

9 4200

10

11

12 460

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Richmond Heights

Length of stay in 1b

3 hrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St. Mary's Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Missouri COUNTY Jefferson admission)

c. CITY

OR

TOWN

High Ridge

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Route 1, Box 10

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ALEXANDER

W.

CANNON

4. DATE

OF

DEATH

Month

Day

Year

November

4

1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒Widowed ☐

## 8. DATE OF BIRTH

Never Married ☐Divorced ☐

## 9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

Nov. 14, 1914

48

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Stock clerk

## 10b. KIND OF BUSINESS OR INDUSTRY

Pullman Co.

Saskatoon, Saskatchewan

## 11. BIRTHPLACE (City and state or country)

Can. U. S. A.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Alexander Cannon

## 13b. MOTHER'S MAIDEN NAME

Ethel Daniels

## 14. NAME OF HUSBAND OR WIFE

Bernice Hoffmann Cannon

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no.

## 17. INFORMANT

Bernice Cannon, Rt. 1, Box 10

## Address

High Ridge

Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

## INTERVAL BETWEEN

ONSET AND DEATH

2 yrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

1961

to death

and last saw him alive on

11-4-63

Death occurred at

7:30

a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Edward P. O'Connell, M.D.

## 22b. ADDRESS

9730 E. Watson Rd.

## 22c. DATE SIGNED

11-5-63

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

## 23b. DATE

Nov. 7, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

SS. Peter &amp; Paul Cem.

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

M. J. Croghan, 7146 Manchester Ave.

## 25. DATE RECD. BY LOCAL REG.

11-6-63

## REGISTRAR'S SIGNATURE

John M. Murphy, M.D.

St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

9730 E. Watson

11-3-7000

10m to 100

W E Morris

P. O. Address St Louis, Mo.

If this body is not embalmed, fact should be so stated above.